

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	12032 Ending Date: 12 31 2032
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
our day preceding premimiary our day preceding election	
Candidate Full Name (if applicable)  City Council Coun	Conte belect Kathleen Feldman Committee Name Prodrea Toulouse Name of Committee Treasurer
20 Sonerset Are.	20 Somerstit Ave.
Residential Address	Committee Mailing Address  E-mail: Fold Committee To Committee Mailing Address
E-mail: Kdiina Feldman @ gmail	Texas and the second of the se
Phone # (optional):	Phone # (optional):
	S cm
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	1870.35
Line 2: Total receipts this period (page 3, line 11)	9.81 %
Line 3: Subtotal (line 1 plus line 2)	1880.16
Line 4: Total expenditures this period (page 5, lin	e 14) 250.00
Line 5: Ending Balance (line 3 minus line 4)	1630-16
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used:	nove Bank
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: 1/16/23
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
	be best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, a period that are not otherwise disclosed in this report.
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature)

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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	·		
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	1		
Line 9: Total Rece	ipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)	6 9,81	1
		P ~ lo & l	<u> </u>
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	\$ 9.81	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/12/22	North Beerly PTD	48 Pidnamst. Beverly	Spansorship	\$100
5/10/2	North Beverly PTD Beverly Homeconing	P.D. BOX 714 Beverly	Sponsorship	\$150
			·	
	·			
	·			
		·		
			·	
		Line 12: Expenditures over \$50 (or listed above)		250
	Line 13: Expenditures \$50 and under* (not listed above)			[D
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD  Strong have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized.				

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	·			
		·		
			·	
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

Check Number: 92

Amount: #150

BOSTON MA 020 18 MAY 2022 PM 7 L

Coult to their tathleen

Feldman

Beverly, MA 01915 20 Surveyset Ame

We just wanted to let you

know that we received

your generous donation.

Check Number: 90

Date: 4/10/05

Amount: \$100

Payee: North Berry

Carnival